



Town of Milford, NH

**FIRE CISTERN INSTALLATION  
PERMIT**

Parcel ID:

Map\_\_\_\_\_ Lot\_\_\_\_\_

☐ Paid with Permit

☐ Amount \_\_\_\_\_

☐ Cash ☐ Check # \_\_\_\_\_

Office Use Only

☐ Single wall fiberglass

☐ Precast reinforced concrete

Location Of Work:	
Property Owner:	Owner's Phone #:
Description of Work:	

Make of Appliance:	
Size:	Location:

***REQUIRED INFORMATION***

Installer Name:		Daytime Phone #:	
Company:		Phone #:	
Address:	City:	State:	Zip:

**Please submit 4 sets of plans.**

**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Milford Fire / Building Official

**24 HOUR NOTICE  
Required for Fire  
Department inspections  
  
(603) 249-0680**